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Massachusetts Bulletin for People with Medicare

Medicare beneficiaries of all ages have options for receiving their health care. Major health insurance options include:

- Original Medicare(Parts A and B)
- Medicare Supplement Insurance(Medigap)
- Medicare Advantage Plans(HMO, PPO, PFFS, MSA, Special Needs Plans)
- Medicare Prescription Drug Coverage (Medicare Part D)
- Prescription Advantage (the state prescription drug assistance program)
- Employer or Union Health Coverage (including Retiree Health Plans)
- MassHealth (Medicaid) (for people with limited income and resources)
- Senior Care Options (SCO) (an option for people with MassHealth)
- PACE(Program of All-inclusive Care for the Elderly)Veterans' Health Benefits
- Military Retiree Benefits(TRICARE)

This Bulletin provides basic information about some of the programs listed above and programs that help people with limited income and resources pay for their health care costs.

If you have employer, union, retiree or other group health coverage, contact the benefits administrator of your health plan for information about coverage and other questions.

If you are a veteran, contact your local veterans agent for information about veterans health care services and TRICARE.

Medicare

Medicare is a health insurance program that helps pay for certain medical services and items to people:

- age 65 or older,
- under age 65 with certain disabilities, and
- people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant)

Medicare has three parts:

Part A (Hospital Insurance) helps pay for inpatient hospital care, skilled nursing facility care, home health care, hospice care and other services.

Part B (Medical Insurance) helps pay for outpatient medical services and items such as doctors' services, x-rays and tests, physical, occupational and speech therapy, ambulance service, medical supplies and equipment and other medical services.

Medicare Prescription Drug Coverage (Medicare Part D) is optional and helps pay for most brand-name and generic prescription drug costs.

Medicare Options

People with Medicare can select health insurance coverage under **Original Medicare** or one of the **Medicare Advantage Plans**. Both options cover all Part A and Part B benefits.

People with **Original Medicare** may select and enroll in a **Medicare Supplement Plan** and a **Stand-Alone Medicare Prescription Drug Plan (Part D)**. People with a **Medicare Advantage Plan** may choose an option that includes Medicare Prescription Drug coverage that is inclusive in the overall health plan. Most Medicare Advantage Plans do not permit members to enroll in a Stand-Alone Medicare Prescription Drug plan.

Original Medicare

The Original Medicare Plan is a fee-for-service plan managed by the Federal Government. You can go to any doctor, hospital or other provider that accepts Medicare. Original Medicare helps pay medically necessary health care services. Beneficiaries pay the deductible. Both Medicare and the beneficiary each pay their share of the Medicare approved amount (co-payment).

Medicare Advantage Plans (HMOs, PPOs, PFFS, MSA, Special Needs Plans)

Medicare Advantage is insurance provided by private companies that contract with Medicare to provide Medicare Part A and B services. Medicare Advantage Plan members generally get all of their Medicare covered health care through the plan's network. Some plans provide additional services not covered by Medicare such as, routine physical examinations, health screenings and vision services etc. Medicare Advantage Plans include Medicare Health Maintenance Organizations (HMOs), Medicare Preferred Provider Organization Plans (PPOs), Private Fee For Service Plans and Medicare Savings Accounts.

Medicare Prescription Drug Coverage(Medicare Part D)

Medicare prescription drug coverage is insurance provided by private companies to help pay for prescription drug costs. Medicare prescription drug coverage is available to everyone with Medicare. Below are a few of the most common questions regarding Medicare prescription drug coverage:

Who is eligible to enroll in Medicare Prescription Drug Coverage?

You are eligible for Medicare prescription drug coverage if you are eligible for Medicare Part A and/or enrolled in Medicare Part B.

Do I have to join a Medicare prescription drug plan?

No. Joining a Medicare drug plan is your choice.

Is there a penalty if I don't join a Medicare prescription drug plan?

If you don't join a Medicare prescription drug plan when you are first eligible for Medicare and you don't have drug coverage that is on average, at least as good as standard Medicare prescription drug coverage, your monthly premium will go up at least 1% for every month you waited to join. You will have to pay this penalty for as long as you have a Medicare drug plan.

When can I join?

Initially Eligible

You can join a Medicare prescription drug plan when you first become eligible for Medicare upon turning age 65 or generally your 25th month of disability. You can join during the period that starts three months before the month you turn 65 and ends three months after the month you turn 65. If you join during the three month period before you turn age 65, coverage begins the first day of the month you turn age 65. If you join the month you turn age 65 or during the three months after, your coverage is effective the first day of the month after the month you join.

Annual Open Enrollment Period

The Annual Open Enrollment period begins on November 15th and ends on December 31st. Coverage begins on January 1st.

Special Enrollment Period

Some Medicare beneficiaries may be eligible for a special enrollment period for Part D. Some circumstances are:

- Move out of the plan area
- Lose prescription coverage through an employee or retiree plan
- Other circumstances approved by CMS

How much will a Medicare prescription drug plan cost?

Most beneficiaries will pay a monthly premium, an annual deductible and co-payments based on the prescription drug plan they choose. For help comparing and choosing a Medicare prescription drug plan contact a **SHINE** counselor at your local Council on Aging or call SHINE at **1-800-AGE-INFO(1-800-243-4636)**.

How do I get “extra help” to pay for Medicare prescription drug coverage?

If you have limited income and resources, you may be eligible for extra help paying for your Medicare drug plan costs. To see if you qualify for extra help contact Social Security at **1-800-772-1213** (TTY **1-800-325-0778**) or visit www.socialsecurity.gov

Where can I get more information, answers to questions, and help comparing and choosing a Medicare health plan and a Medicare prescription drug plan?

- Call the Medicare Helpline at **1-800-MEDICARE (1-800-633-4227)** (TTY: **1-877-486-2048**). The Medicare Helpline is available 24 hours a day seven days a week.

Visit www.medicare.gov for information and to order Medicare publications and Fact Sheets including:

- “Medicare & You” (for Massachusetts residents) CMS Pub No.-10050-36
- “Your Guide to Medicare Prescription Drug Coverage” CMS Pub no.11109.

- Call **MassMedLine** at **1-866-633-1617** for information and answers to questions you have about your prescription medicines. Pharmacy professionals work with you and your doctor to obtain your prescription medications at the lowest possible price and provide information about possible drug interactions.
For more information visit www.massmedline.com
MassMedLine is a partnership of the Massachusetts Office of Elder Affairs and the Massachusetts College of Pharmacy and Health Services.
- Contact **SHINE** (Serving the Health Information Needs of Elders) at **1-800-AGE-INFO(1-800-243-4636)** (TTY: **1-800-872-1066**) for one-on-one counseling and help understanding, comparing and choosing a Medicare health plan. A SHINE counselor can help you with Medicare prescription drug coverage, Medicare Advantage Plans, Medigap insurance, Prescription Advantage, long-term options, MassHealth and “extra help” programs for people with limited income and resources.

Medicare Supplement Insurance (“Medigap”)

A Medigap policy is a health insurance policy sold by private insurance companies to individuals enrolled in the Original Medicare Plan to cover the “gaps” in the Original Medicare Plan such as, coinsurance, copayments and deductibles. Some Medigap policies also cover benefits that the Original Medicare Plan does not cover, like emergency health care while traveling outside the United States. The front of the Medigap policy must clearly define it as “Medicare Supplement Insurance”. Individual Medigap insurance coverage and text is standard for all insurers.

Two standard Medigap policies are offered to Massachusetts residents:

- Medicare Supplement Core
- Medicare Supplement 1

*In compliance with Federal regulations, **Medicare Supplement 2 which includes prescription drug coverage cannot be sold after December 31, 2005, however, existing members may remain enrolled.** By remaining enrolled, existing members will continue to have prescription drug coverage. If you disenroll from Supplement 2, you cannot re-enroll in the future*

Medigap policies are regulated by federal and state laws:

- Medigap policies are guaranteed renewable and cannot be cancelled unless the beneficiary stops paying the premium or provides false information on the application when they buy the policy.
- Medigap insurers cannot refuse to sell a policy, exclude or limit coverage, or require a waiting period before coverage starts due to existing health problems.
- Medigap insurers must offer the same premium (a “community rate”) to all policyholders and cannot charge a different premium based on age or health problems.
- Under the Massachusetts “Ban on Balance Billing” law licensed physicians cannot collect more than the Medicare approved charge for any Medicare service provided to a Medicare beneficiary.

Who Can You Buy A Medigap Policy?

Any Massachusetts resident enrolled in Medicare Part A and Part B may buy Medigap insurance in Massachusetts except for individuals under age 65 who are eligible for Medicare solely due to End-Stage Renal Disease.

When Can You Buy Medigap Insurance?

You can purchase Medigap insurance during one of the following Medigap enrollment periods:

- a) The **annual open enrollment period** starts February 1st and ends March 31st. Benefits for people who enroll during the annual open enrollment period begin June 1st.
- b) **Special enrollment periods** may be scheduled by Medigap insurers if approved by the Massachusetts Division of Insurance
- c) A **six-month open enrollment period** begins from the date a person becomes “**initially eligible**” for Medigap coverage in Massachusetts. A person becomes initially eligible on the date when the person:
 - enrolls in Medicare Part B; or
 - loses employer sponsored health coverage for active employees due to:
 - termination of employment; or
 - employer bankruptcy; or
 - discontinuation of employer sponsored health coverage offered to similarly situated employees; or
 - covered by an HMO but then moved out of the HMO service area; or
 - became a resident of Massachusetts

- d) A **63 day enrollment period** begins when a person:
- has employer health insurance coverage that pays second to Medicare but the coverage was stopped or is about to be stopped, or
 - loses retiree health insurance coverage, or
 - has a Medigap policy end due to an involuntary termination, or
 - is insured by a Medigap policy or Medicare HMO and the company or its agent misrepresents the policy's terms and conditions during marketing or substantially violates a provision of its policy or contract; or
 - is enrolled in their first Medicare HMO plan and decides to disenroll (for any reason) from the plan within the first 12 months of enrollment.
 - if a person cancels a Medigap policy to join a Medicare HMO, that person can choose a Core policy or a Supplement 1 policy.
 - if a person selects a Medicare HMO as their first choice, that person may select any Medigap policy offered for sale in the state. To avoid a break in coverage, that person can apply for Medigap insurance up to 60 days before the actual HMO disenrollment date.
- e) A **five-month open enrollment period** occurs if a person is enrolled in a Medicare HMO or Elder Service Plan that announces it will stop doing business in the person's area as of December 31st. If this happens, the Medigap open enrollment period would begin upon the receipt of an October 2nd notification letter from the plan and end March 4 of the following year.

Prescription Advantage

On January 1st 2006, Prescription Advantage, the state's prescription drug assistance program, became the secondary payer for Medicare eligible Massachusetts residents enrolled in Prescription Advantage and enrolled in a Medicare prescription drug plan (Medicare Part D) or a plan offering creditable coverage. Prescription Advantage helps qualified members of the Plan pay premiums, deductibles and co-payments required by the member's Medicare Part D Plan. Prescription Advantage is the Commonwealth's pharmacy assistance program and is administered by the Massachusetts Executive Office of Elder Affairs.

Who is eligible for Prescription Advantage?

Prescription Advantage is available to Massachusetts residents who are not receiving coverage through Medicaid (MassHealth or Commonwealth) and who are:

- Age 65 or older; or
- Under age 65, work no more than 40 hours per month and meet MassHealth's Commonwealth income and disability requirements.
- Individuals eligible for Medicare must be enrolled in a Medicare prescription drug plan (Medicare Part D) or a plan offering creditable coverage and must not have a gross household income exceeding 500% of the Federal Poverty Level(FPL).(The FPL is adjusted every year).

What are Prescription Advantage benefits?

If you have Medicare...

Prescription Advantage may provide supplemental coverage to help pay for the Medicare Prescription Drug Plan's monthly premium, deductible, co-payments. Prescription Advantage also provides an out-of-pocket spending limit.

If you have Creditable Coverage...

Creditable Coverage is coverage that is at least as good as the Medicare prescription drug coverage. If you have creditable coverage, Prescription Advantage may help pay your deductible and co-payments and provides an out-of-pocket spending limit.

If you are not eligible for Medicare...

Prescription Advantage may offer you prescription drug coverage. This coverage has no premium. You will pay a co-payment and quarterly deductible for your prescriptions drugs and you will have an out-of-pocket spending limit.

When can I join Prescription Advantage?

For residents age 65

You may apply at any time before your 66th birthday.

For residents age 64 or younger with a qualified disability

You may apply at any time.

For residents age 66 or older

You may apply only during an established open enrollment period.

Residents Age 66 or Older Applying Outside of Open Enrollment

SHINE Bulletin January 2007



You may apply only during an established enrollment period, unless you meet a special exception indicated below:

1. You moved to Massachusetts in the past six months.
2. You are eligible for a Medicare Special Enrollment Period or Initial Enrollment Period for Part D.
 - Lost Creditable Coverage.
 - Became eligible for Medicare
 - Other reasons for Special Enrollment as determined by Medicare
3. You lost your Medicare Full Subsidy status through re-determination due to a change in Income or Assets.
4. You involuntary lost your health care coverage.
5. You lost your MassHealth benefits

For detailed information about Prescription Advantage benefits, enrollment, eligibility and open enrollment periods call **Prescription Advantage Customer Service 1-800-AGE-INFO (1-800-243-4636) (TTY: 1-800-610-0241)** or visit www.800ageinfo.com

Help for People with Limited Income and Resources

MassHealth (Medicaid)

Customer Service Center 1-800-841-2900

MassHealth provides a wide range of health care services that pay for all or part of health care costs for elders with limited income and resources and adults with disabilities through its Office of Long Term Care. MassHealth is administered by the Office of Medicaid in the Executive Office of Health and Human Services. MassHealth manages insurance programs for elders, children, low-income parents, disabled adults and pregnant women.

MassHealth Standard is the most complete coverage offered by MassHealth. It pays for a wide range of health-care benefits and is the only coverage that pays for long-term care services. You may enroll in Standard MassHealth if you are:

- single and your income is not greater than 100%* of the Federal Poverty Level (FPL) and your assets do not exceed \$2,000
- married and your combined marital income is not greater than 100%* of the FPL and your combined assets do not exceed \$3,000.

MassHealth Standard for people aged 65 or older who need personal care attendant (PCA) services

You may enroll into Standard MassHealth if you are 65 or older and need PCA services if you are:

- single and your income is not greater than 133%* of the FPL and your assets do not exceed \$2,000.
- married and your combined marital income is not greater than 133%* of the FPL and your combined assets do not exceed \$3,000.

Uncompensated Care Pool (Free Care)

The Uncompensated Care Pool pays hospitals and community health centers for certain services provided to low income patients.

The Massachusetts Division of Health Care Finance and Policy administers the Free Care program. For information contact your hospital or community health center or contact the Division of Health Care Finance and Policy at 1-877-910-2100

Medicare Savings Programs

Medicare Savings Programs are federal programs administered by MassHealth for Medicare eligible persons with limited income and resources and are not on MassHealth.

Medicare Savings Programs are listed below:

- **MassHealth Senior Buy-In (QMB)**

MassHealth Senior Buy-In helps pay Medicare Part A and Part B deductibles, copayments and premiums.

You may be eligible for **Senior Buy-In** if you are:

- **single** and your monthly income is at or below 100% FPL* and your assets are at or below **\$4,000**.
- **married** (and living together) and your combined monthly income is at or below 100% FPL* and your combined assets are at or below **\$6,000**.

- **MassHealth Buy-In (SLMB & QI)**

MassHealth Buy-In helps pay the monthly Medicare Part B premium.

You may be eligible for **Buy-In** if you are:

- **single** and your monthly income is below 120-135% FPL* and your assets are at or below **\$4,000**.
- **married** (and living together) and your combined income is below 120-135% FPL* and your combined assets are at or below **\$6,000**.

** income dollar level changes every April*

For information about MassHealth and Medicare Savings Programs call the MassHealth Customer Service Center **1-800-841-2900 (TTY: 1-800-497-4686)** or visit www.state.ma.us/masshealth.

SCO (Senior Care Options)

MassHealth Senior Care Options (SCO) is a coordinated health plan that combines Medicare and Medicaid health care services with social support services to help elders maintain their health and live in the community as long as possible. SCO is also available to elders residing in long-term care facilities.

SCO covers all of the services covered by MassHealth. Medicare services are also covered for people with Medicare.

To be eligible for enrollment in SCO, the person must meet the following requirements:

- be aged 65 or older
- be eligible for MassHealth Standard
- live in the service area of a senior care organization
- not be diagnosed as having end-stage renal disease
- if enrolled in Medicare, must have Parts A&B
- not be subject to a six-month deductible period (“spend-down”)
- not be a resident or inpatient in a chronic hospital or intermediate care facility

For more information Call MassHealth Senior Care Options (SCO) at **1-888-885-0484 (TTY: 1-888-821-5225)** or visit www.state.ma.us/masshealth

PACE (Program for All-Inclusive Care for the Elderly) **(also called Elder Service Plan)**

PACE helps certain frail people maintain their health and independence and live in the community while getting the health care and other services they need. PACE combines medical care, social services, and long-term care services for frail people. Services are provided by PACE-authorized health centers.

To be eligible, an individual must meet the following criteria:

- be age 55 or older,
- live in the service area of the PACE (Elder Service Plan) program
- be certified as eligible for nursing home care by MassHealth
- be able to live safely in the community

Enrollment in PACE is voluntary and a member may disenroll at any time. Persons may have to pay a monthly premium depending on MassHealth or Medicare eligibility.

The PACE program model is a health-care program sponsored by the Centers for Medicare and Medicaid Services and the Commonwealth of Massachusetts Division of Medical Assistance.

The following organizations operate PACE-Elder Service Plans in designated service areas in Massachusetts:

Elder Service Plan of the East Boston
Neighborhood Health Center
10 Grove Street
East Boston, MA 02138
617-568-4602

Harbor Health Services
Elder Service Plan
2216 Dorchester Ave.
Dorchester, MA 02124
617-296-5100

Elder Service Plan of
Uphams Corner
1140 Dorchester Avenue
Dorchester, MA 02123
617-288-0970

Elder Service Plan at Fallon*
277 East Mountain Street
Worcester, MA 01608
508-856-2026

Cambridge Hospital
Elder Service Plan
270 Green Street
Cambridge, MA 02139
617-575-5850

Elder Service Plan of North Shore
20 School Street
Lynn, MA 01901
781-581-7565

For more information about eligibility and to find out if you live in a designated service area call the MassHealth Enrollment Center at **800-408-1253 (TTY: 1-800-231-5698)**

SHINE (Serving Health Information Needs of Elders) is a statewide network of volunteers trained and certified by the Massachusetts Executive Office of Elder Affairs in partnership with Elder Service Agencies and Councils on Aging. SHINE provides free health care counseling, assistance and information to people with Medicare.

Directory

MassHealth

Customer Service 1-800-841-2900

www.mass.gov/masshealth

TTY: 800-497-4648

MassHealth provides a wide range of health care services that pay for all or part of the health care cost for elders with limited income and resources. Contact MassHealth for information about their health care programs including MassHealth Standard and Medicare Savings Programs.

MassHealth Senior Care Options (SCO)

1-888-885-0484

www.mass.gov/masshealth

TTY: 1-888-821-5225

A health plan that combines Medicare and Medicaid services with social support services that helps seniors maintain their health and continue to live in their own homes.

Massachusetts Division of Insurance

Boston 617-521-7777

www.state.ma.us/doi

Springfield 413-785-5526

DOI monitors insurance companies authorized to sell insurance in Massachusetts, reviews insurance contracts, forms and rates to ensure compliance with Massachusetts regulations, and investigates consumer complaints against insurance companies, brokers, agents and other licensees. DOI provides general insurance information, publications and advice on consumer rights and protections.

Protective Services

Elder Abuse Hotline 1-800-922-2275

Protective Services provide services to eliminate or alleviate abuse of elders. Community agencies and case workers coordinate and provide a variety of health, mental health, legal and social services. To report elder abuse, call the Elder Abuse Hotline 24-hours a day, 7 days a week.

Office of the Massachusetts Attorney General

Hotline 1-888-830-6277

www.ago.state.ma.us

The Attorney General's Hotline staff answers questions and assists with consumer complaints for all types of insurance. The Attorney General's Office mediates problems and provides educational materials.

MassPRO (Heath Quality Improvement Organization)**Helpline 1-800-252-5533**www.masspro.org

MassPRO contracts with Medicare as a Quality Improvement Organization (QIO) that oversees and improves the care given to Medicare patients. MassPro processes appeals for Medicare patients and reviews Medicare beneficiary medical quality of care complaints.

Massachusetts Medicare Advocacy Project (MAP)**1-800-323-3205**

MAP provides Medicare beneficiaries free legal advice and legal representation for appealing medical decisions made by Medicare providers in both fee-for-service Medicare and Medicare HMOs and for other insurance programs.

Medicare Helpline (24 hours a day, 7 days a week)**1-800-MEDICARE**www.medicare.gov**(1-800-633-4227)**

For help with questions about Medicare and to order Medicare publications

MassMedLine**1-866-633-1617**www.massmedline.com

MassMedLine provides prescription medication information and help to Massachusetts residents applying for prescription drug assistance programs. MassMedLine is staffed by pharmacy professionals. MassMedLine is service of the Massachusetts College of Pharmacy and Sciences and the Massachusetts Executive Office of Elder Affairs.

Uncompensated Care Pool (formerly Free Care)

The Uncompensated Care Pool pays hospitals and community health centers for certain services provided to low income patients.

For information contact your **hospital** or **community health center** or contact the Division of Health Care Finance and Policy at **1-877-910-2100**

Social Security Administration**1-800-772-1213**www.socialsecurity.gov

Contact Social Security to enroll in Social Security, SSI, SSDI and Medicare, or to report a change in address or income, or to replace a lost Medicare card.

SHINE Health Insurance Counseling Program**1-800-AGE-INFO**www.mass.gov www.800_ageinfo.com**(1-800-243-4636)**

Provides health insurance counseling, assistance and information to people with Medicare and their families.